EEOC Form 161 (11/16)

Avon Lake, OH 44012

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

DISMISSAL AND NOTICE OF RIGHTS								
To: Tamara L. Sobolewski 1002 Dakota Avenue Lorain, OH 44052			From:	Cleveland Field Office EEOC, AJC Fed Bldg 1240 E 9th St, Ste 3001 Cleveland, OH 44199				
		On behalf of person(s) CONFIDENTIAL (29 C	aggrieved whose identity is FR §1601.7(a))					
EEOC Charge No.			OC Representative			Telephone No.		
		M	aria M. Colon,					
532-2020-01156			vestigator	(216) 306-1129				
THE E	EOC IS CL	OSING ITS FILE ON	THIS CHARGE FOR THE	FOLLO	WING REASON:			
	The fa	cts alleged in the charge	fail to state a claim under an	y of the s	tatutes enforced by th	ne EEOC.		
	Your allegations did not involve a disability as defined by the Americans With Disabilities Act.							
	The R	The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.						
	Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge							
The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude information obtained establishes violations of the statutes. This does not certify that the respondent is in complia the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.						oliance with		
	The EEOC has adopted the findings of the state or local			employm	nent practices agency	that investigated this	charge.	
	Other	(briefly state)						
			- NOTICE OF SUIT (See the additional information a					
Discrin You ma lawsuit	nination in ay file a law: must be fil	Employment Act: The suit against the respored WITHIN 90 DAYS	es Act, the Genetic Infornis will be the only notice on the only notice on the only notice on the of your receipt of this not a claim under state law marked the one of the one	f dismiss based o <b>otice</b> ; or	sal and of your righ on this charge in fec r your right to sue b	t to sue that we will deral or state court.	Your	
alleged	EPA under	A): EPA suits must be cayment. This means t may not be collectil	e filed in federal or state co that backpay due for any ble.	ourt within	n 2 years (3 years f ons that occurred <u>r</u>	or willful violations) more than 2 years	of the (3 years)	
			On behalf of t	he Comn	nission			
			Karaltet	ingl		10/06/2020		
Enclosures(s)				Karen McDonough, Acting Director		(Date Mailed)		
CC:		esources Manager TOR COMPANY				EXHIBIT B		

## $\textbf{Casee1.1221} ev + \textbf{000969} + \textbf{PPCDD} ov \# \#9123 \\ \textbf{FHd} ed: 1010 \\ \textbf{101011} 2212 \\ \textbf{20529} . \\ \textbf{PRgg EDD} \# 1367 \\ \textbf{20529} . \\ \textbf{PRgg EDD} \# 1367 \\ \textbf{20529} . \\ \textbf{$

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION	Charge Presented To: Agency(ies) Charge No(s):								
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act		FEPA		, - , ,					
Statement and other information before completing this form.	X	EEOC	532-2020-01156						
Ohio Civil Rights Commission and EEOC									
State or local Agency, if any									
Name (indicate Mr., Ms., Mrs.)		Home Phone (Incl. Area	· I						
Miss Tamara L. Sobolewski	***************************************	(440) 452-198	2						
1002 Dakota Avenue, Lorain, OH 44052	e and ZIP Code								
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)									
FORD MOTOR OHIO ASSEMBLY PLANT		No. Employees, Members 500 or More		Phone No. (Include Area Code) (440) 452-1982					
Street Address City, State and ZIP Code 650 MILLER ROAD, Avon Lake, OH 44012									
Name		No. Employees, Members	Phone No. (Include Area Code)						
Street Address City, State	e and ZIP Code	<u> </u>							
DISCRIMINATION BASED ON (Check appropriate box(es).)  RACE COLOR SEX RELIGION NATIONAL ORIGIN OTHER (Specify)  THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): I was hired by the above-named Respondent in or about October 1992. My last position was Labor Pool. I am a qualified individual with a disability who has experience discrimination.  Beginning in August 2019, and continuing, I have been harassed by Respondent. I filed a complaint with human resources but no action was taken. On or about February 19, 2020, I was suspended. Or									
or about March 2, 2020, I was terminated for allegedly violating a plant rule.  I believe I have been discriminated against in violation of Title I of the Americans with Disabilities Act of 1990, as amended (ADA).									
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will	NOTARY – When necessary for State and Local Agency Requirements								
cooperate fully with them in the processing of my charge in accordance with their procedures.									
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.  SIGNATURE OF COMPLAINANT								
	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)								
Date Charging Party Signature									